							erse Side			Page	1	of	1 '			
CLAIMANT'S NAME							PLOYEE NUM	BER		DEPARTME	NT					
David C	rane					Governor's Office										
OSITION				CB/ID NUMBE	R	DIVISION OR	BUREAU				INDEX NUMBER					
Special Advisor RESIDENCE ADDRESS																
RESIDENCE	ADDRESS					HEADQUART	ERS ADDRES	SS				TELEPHONE	NUMBER			
CITY STATE ZIP							pitol Bui	ilding								
ITY		SIAIE	ZIP		CITY STATE							ZIP				
						Sacrame	ento			CA			95814			
Feb-10				MEALS			-	TRANSPORTA			TION					
		LOCATION								CARFARE,			BUSINESS EXPENSE	TOTAL EXPENSES		
		WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE CAR USE					
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY		
02-Feb	5pm	SF to San Jose	87.56			18.00				21.00	49	21.81		148.3		
03-Feb	2pm	San Jose to SF									49	21.81		21.8		
												0.00		0.00		
												0.00		0.00		
				1 Jan 19								0.00				
SUBTOTALS		87.56	0.00	0.00	18.00	0.00	0.00	0.00	21.00	00		0.00	0.00			
OLUMN		ACCTG. USE ONLY		F. 17 17 15	24.005.64	10.00	that provi	455 AT 145	0.00	21.00	98	43.61	0.00	271 váci (#2.80)		
		I TOTAL											017	0.15		
UPPOS			DETAILS	· (Attack			n required)						\$170.17			
		IP, REMARKS AND Iding America's Fi		25		nen require	ea)				NORMAL \	WORK HOL	JRS			
											PRIVATE \	/EHICLE LI	CENSE NL	JMBER		
							-				MILEAGE I	RATE CLAI	MED			

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate ...med, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 pertaining to veh ____fety and seat belt usage. SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

3/17/10

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

		PENSE CLAIN	1				nd Privac									
STD. 262 (REV. 10/92) CLAIMANT'S NAME Stateme							PLOYEE NUM				Page 1 of 1			1		
50.00 100 00			SSAN UR EN	MPLOYEE NUM	MBER		DEPARTME									
David Crane POSITION CB/ID NUMBER							BUREAU			Govern	mor's Office					
Special Advisor											INDEX NUMBER					
RESIDENCE ADDRESS							TERS ADDRES	SS			TELEPHONE NUMBER					
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CITY STATE ZIP						State Capitol Building CITY STAT						ŽΙΡ				
	1					Sacramento			CA			95814				
	11,			MEALS					TF	RANSPORTATION			75011			
1	19	LOCATION	Ē							CARFARE,			BUSINESS	TOTAL		
<u></u>	MA	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE	CAR USE	EXPENSE	EXPENSES		
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT	4	FOR DAY		
20-Feb	6am	SFO to IAD	342.36			18.00		1,265.80	Airlina	/ (0.00			1			
			1			10.00	1	1,203.80	Anne	60.00		0,00	175.00	1,861.1		
21-Feb		Washington, DC	342.36				6.00					0.00	15.40	363.7		
22-Feb	11:55pm	IAD to SFO					, 600			16:0						
							6.00			120.00		0.00		126.00		
												0.00		0.00		
												0.00		0.00		
	SUBTOTALS 684.72			0.00	0.00	18.00	12.00	1,265.80	0.00	180.00	0	0.00	190.40			
COLUMN	CODE (A	ACCTG, USE ONLY)	100		程的基	CH STREET	MOLE		Dest Dat	PHEN!	學試透影	Mary.			
	CLAIM	TOTAL								2	2,49	.22	\$2.25	·A-02		
PURPOS	E OF TRI	P, REMARKS AND	en require	ed)		NORMAL WORK HOURS					0.92					
		nal Governors' As						GS			NORMAL (WORK HOL	IRS			
					3 III 17 U.C	mington,	DC With	O5								
											PRIVATE	/EHICLE LI	CENSE NU	MBER		
		1000								}						
											MILEAGE RATE CLAIMED					
1.0						···				+	0.445					
			8 170 0								AGENC	Y ACCOL	INTING O	FFICE		
		it the above is a true state										USE C	NLY			
		wned vehicle was used an								ual to or	PAID BY	REVOLVING FL	IND CHECK N	UMBER		
greater than	the rate clain	ned, and that I have met th	ne requiremen	nts as prescrib	ed by SAM	Sections 075	0, 0751,0752,	0753 and 0	754		0	100		2		
pertaining to	-	y and seat belt usage.									0	40	ロノ	/		
CLAIMANT'S	SIC			ļ.	ATE		SIGNATURE O	F OFFICER A	PPROVING TE	RAVEL AND P.	AYMENT	10	ATE			
					3/22/	10										
SIGNATUR		UTHORITY FOR SPECIAL E	YDENCE		1 (-					
JOHATUR		O MORITT FOR SPECIAL E	-AFENSES									D	ATE /	1		
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